

*Fairfax County Retirement Systems*  
**Research Request Form**

**Employees' System** ☐

**Police Officers System** ☐

**Uniformed System** ☐

***Members with questions about their membership date should  
complete this form to begin the research process***

Please return this form to:  
Fairfax County Retirement Administration Agency  
10680 Main Street, Suite 280  
Fairfax, Virginia 22030-3812  
FAX: (703) 273-3185

**Name (Please Print):** \_\_\_\_\_

**Daytime Phone Number:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Prior service dates:** \_\_\_\_\_

\_\_\_\_\_

**Do you have part time service or LWOP?** \_\_\_\_\_

**Any breaks in service?** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

-----*Retirement Agency Use Only below this line*-----

Name of person researching request \_\_\_\_\_

Date adjustment made by \_\_\_\_\_ on \_\_\_\_\_

*Name*

*Date*